

February, 1999 ⌘ Volume 11, Number 2

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**From the
President**

*"If the human race wishes to have a prolonged
and indefinite period of material prosperity,
they have only got to behave in a peaceful and
helpful way toward one another."*

- Sir Winston Churchill

Colleagues,

Well, the first month of the new year is here and gone. We've had the first meeting of the Medical Executive Committee of the Lehigh Valley Hospital/Muhlenberg Hospital Center combined medical staff. Drs. Linda Blose, Hugo Twaddle, John Mannisi, and John Lang attended the meeting as the elected representatives from Muhlenberg Hospital Center. I'll be trying to have a presentation at the Medical Executive Committee each month regarding some issue Troika feels is relevant to the combined medical staff.

At the January meeting, John Stavros presented the results of a survey of 385 Lehigh and Northampton County patients and 100 "community leaders" about their perception of the Lehigh Valley Hospital. The report of this survey was predominantly positive. One of the notable points of the survey was that the hospital and its medical staff are not seen as being as "compassionate and caring" as some of the other hospitals in the area. Troika feels that this result needs to be addressed by the medical staff and that a plan needs to be formulated to try to

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PROGRESS NOTES

Medical Staff

(Continued from Page 1)

improve this perception. We will be helping to develop a program to address this issue. All of us on our daily clinical rounds need to take time to answer our patients' questions, make sure they understand their problems and our plans to diagnose and treat them, and be sure that we are trying to make their stay in the hospital as positive an experience as possible.

Bob, Ed, and I will try our best to maintain timely communication with the medical staff. We will continue to use **Medical Staff Progress Notes** as our primary vehicle for communication. We are told that most physicians read the "Progress Notes" and will continue to use this as the major method of communication for large issues. Unfortunately, "Progress Notes" is only published monthly. There may be issues which require more rapid means of communication.

This leads me to the subject of email. I know that many of the members of the medical staff do not use email, or do so only infrequently. Email is a convenient vehicle for rapid communication. Physicians can assign someone on their staffs to function as their "surrogate" to read and print out important email messages. I would recommend that if you don't use the email system regularly, you should assign a surrogate from your office to read your email frequently and print out important messages for you to read at your leisure. We will be using email to keep members of the medical staff informed about important and timely issues which need to be discussed before the next issue of **Medical Staff Progress Notes** is published. For those of you who do use email, Ed, Bob, and I would be glad to receive your messages via that route.

In our professional clinical activities, I would also encourage all of us to try to maintain personal communication between our colleagues on the medical staff regarding our patients. As we tried to encourage several years ago in the "Guidelines for Consultations," the personal communication between physicians is vitally important in insuring excellent patient care. We can be much more efficient in caring for our patients if we communicate with our colleagues personally. Recently the practice of physicians writing the order, "Discharge patient if O.K. with Dr. X" has created confusion and has resulted in consternation between physicians, nurses, and patients. It would be much better if Dr. X called Dr. Y personally to discuss the possible discharge of a patient. I would encourage this practice as we try to deal with other physician colleagues and the nursing staff as the professionals we are. Telephone calls to our physician colleagues may take a little more time, but will result in better and more efficient patient care. It will also help to nurture closer professional relationships between physicians. And, it's good for patient care!

We will also be reinstituting the "Medical Staff/Administration Exchange Sessions" on an "as needed" basis so that members of the medical staff can provide input prior to important decisions being made. Hopefully, these sessions will provide an opportunity for interested members of the medical staff to present their views to members of the hospital administration.

Over the next several months, I'll be inviting members of the medical staff to meet with me personally to discuss issues which they feel are important to themselves, the medical staff in general, and the hospital. I hope I'll be able to learn from these sessions so that Troika will be better able to address issues of importance to the medical staff.

Finally for this month, I'd like to begin to address the organization of the Lehigh Valley Hospital patient medical record (chart). I've been concerned for some time that the present LVH patient chart does not appear to be "user friendly." It seems to me that there might be a better way for the medical record to be organized so that we as physicians would find the chart more useful and more efficient to use in our daily care of patients. Ed Mullin, as former chair of the Medical Records Committee, has also expressed this sentiment. There is no "correct" or required way for the patient chart to be organized. JCAHO does not specify how patient charts need to be ordered. Before we begin any attempt to change the organization of the patient medical record, I'd like to have input from the medical staff as to whether you feel the present patient chart is organized in a way which is most useful to you on your daily rounds. If you agree (or disagree) with me that the patient charts might be better organized, please communicate your ideas and suggestions to me via email, letter, or hallway contact. I assure you that no change in the present medical record will occur unless there is a consensus from the medical staff that there should be a change.

I hope you all have a good, safe, and healthy month of February. As we move ahead, let's try to consider Sir Winston Churchill's quote and apply it to our professional relationships. Remember, I'll be in the medical staff office on the second floor across from the OR lounge at Cedar Crest & I-78 every Monday afternoon from 1 to 3:30 p.m., to meet with members of the medical staff who are interested in scheduling an appointment. Please call Beth Martin at 402-8980 to schedule an appointment.



David M. Caccese
Medical Staff President

Flu Update

influenza A has arrived! The following are a few notes to assist in the management of suspected and confirmed Influenza A patients in the hospital environment.

- ⇒ Cases admitted to the hospital with influenza high on the differential list of diagnoses should be placed on **Droplet Isolation** (which requires a private room) immediately upon admission.
- ⇒ Cases can be confirmed by **viral culture** or made clinically (high fever, severe myalgia, multiple cases, short [three day] incubation). Viral culture kits are available through the Outpatient Department, Emergency Departments, or by calling 402-8170.
- ⇒ Rimantadine (Flumadine) at 100 mg twice a day is helpful for prevention or therapy for Influenza Type A. Modify dosage to once a day for renal insufficiency and/or >65 years.
- ⇒ Infection Control will notify the physicians of roommates of patients identified with influenza to alert them to the potential exposure. In these instances, it is recommended the physician inquire about vaccination history and watch for flu-like symptoms in unvaccinated patients.
- ⇒ Patients vaccinated for influenza post exposure should be continued on Rimantadine for 14 days allowing for the vaccine to take effect.
- ⇒ Although the optimal time for influenza vaccination is October through mid-November, healthcare providers should continue to offer influenza vaccine up to and even after influenza activity has been detected in the community, particularly to those persons at high risk for influenza-related complications.

Witnessing the admissions related to complications from influenza serves as a constant reminder of the need for high risk individuals to be placed on a yearly vaccination schedule for influenza by their health care provider. It also reminds us all of our responsibility as healthcare providers to be vaccinated as well to reduce the risk of transmission to our patients.

If you have any questions, please contact the Infection Control Department at 402-0680.

Physiatry Consults

Some confusion was recently identified regarding the ordering of Physical Medicine and Rehabilitation or Physiatry consults vs. evaluation of patients for transfer to Good Shepherd (GSRH Eval), particularly in the Transitional Skilled Unit (TSU).

When the attending physician orders an evaluation by the Good Shepherd nurse liaison for possible admission to Good Shepherd, it should be worded "Good Shepherd Nurse Liaison Eval" (776-3293).

When the ordering physician orders a consultation with a physiatrist, the order should be worded "PMR (or physiatry) evaluation -- Dr. _____ for Reason." Examples of reasons could include, but are not limited to "evaluate rehab needs and recommend appropriate care," "evaluate and recommend appropriate level of rehab care," or "evaluate falls/gait abnormalities and recommend treatment."

Identifying the appropriate rehabilitation destination based on the many options available to your patients (TSU, Muhlenberg Rehabilitation Center, Affinity, other outpatient sites, comprehensive inpatient rehabilitation, and homecare) has become complicated and confusing. Physiatrists are available to assist you in educating your patients and their families regarding which of the many settings are appropriate based on their rehab needs.

If you have any questions regarding this issue, please contact Jane Dorval, MD, Chief, Division of Physical Medicine & Rehabilitation, via e-mail or at 776-3340.

Edgardo S.G. Cruz, MD Memorial Fund

A memorial fund has been established in honor of our friend and colleague, Edgardo S.G. Cruz, MD. The memorial fund will be divided up among Dr. Cruz's favorite charitable organizations. Donations should be made payable to:

Susan Cruz, c/o The Memorial Fund of
Edgardo S.G. Cruz, MD
American Bank
4029 W. Tilghman Street
Allentown, PA 18104

The Cruz family deeply appreciates the expressions of sympathy and support they have received throughout this very difficult time.

Transfusion Medicine: HCV (Hepatitis C Lookback Notifications)

In an attempt to identify persons at high risk for developing chronic liver disease, the Surgeon General, Centers for Disease Control, and the American Liver Foundation are recommending that patients who received transfusions prior to 1992 be tested for the presence of HCV antibodies.

The first generation test for HCV was introduced in 1990, and most blood centers, including Miller Memorial Blood Center, had started testing donor blood immediately. A second generation test was introduced in 1992. The second generation test is at least 25% more sensitive than the first. It also eliminated a large number of false positive results seen with the first generation.

In addition to this general advisory, a **targeted lookback process** has also been mandated by the Food and Drug Administration (FDA). In this targeted lookback, if a current blood donor tests positive for HCV, previous recipients of blood from this particular donor are identified and tested for HCV. All testing is done confidentially at the blood center free of charge. Informational letters to help with this testing and counseling are sent to the current or known health care provider of the patient. For patients with no known attending physician, a certified letter will be sent to the patient at their last known address. FDA mandates that transfusion services make at least three good faith attempts to notify the previous recipients of blood from donors who are now testing positive.

For patients who are **not part of the targeted lookback**, testing should go through the normal laboratory channels as a part of a hepatitis profile or just HCV testing. The usual lab charges will apply.

Lehigh Valley Hospital and Health Network is expecting a large number (300-500) of these lookback letters from the blood center. Our process will identify the recipients and notify the current attending physician or the physician of record first verbally and then be followed by a notification package containing all the materials required to complete this process. This process must be completed within a defined time period.

The current risk for HCV is estimated to be approximately 1:100,000.

If you have any questions, please contact Bala B. Carver, MD, Medical Director, Transfusion Medicine, at 402-8142.

Breast Health Services in Top 5%

Recently, Breast Health Services passed their FDA inspection for mammography accreditation with no contingencies. This places Lehigh Valley Hospital and Health Network's Breast Health Services among the top 5% in the nation who enjoy such success.

The Mammography Quality Standards Act requires that mammography facilities undergo inspection by the Department of Health and Human Services (Food and Drug Administration) on an annual basis. The focus of the inspection included: equipment performance, technologist quality control, medical physicist survey, personnel qualifications, medical reports and outcome audits. There are defined standards in each of these areas which are thoroughly scrutinized by the inspectors during their annual visits. Additionally, patient satisfaction surveys performed nationwide by Press Ganey have placed Breast Health Services in the top 99.6%.

Such results can only be achieved by a caring, successful team. The program is fortunate to have the strong leadership of Gregory R. Harper, MD, PhD, and Elisabeth Ladd, RN, MSN. The recent addition of John G. Pearce, MD, as Director of Breast Imaging and Associate Director of Breast Health Services has allowed for rapid transition toward the ultimate goal of a comprehensive breast center. Prior to his arrival here, Dr. Pearce was the Director, Outpatient Department - Radiological Services at LAC/USC Medical Center, Los Angeles, Calif. He brings strong leadership to the mammography program and shares a vision in keeping with Lehigh Valley Hospital's strategic plan for growth. Dr. Pearce is an internationally known mammographer and educator, and his arrival has quickly promoted Breast Health Services at Lehigh Valley Hospital and Health Network into a leading role for modern breast health care in the community.

The staff of Breast Health Services has increased community outreach by speaking to community groups including Allentown City Hall employees, Regional Technology in the Poconos, Encore Breast Cancer Survivors' Public Education Program of the YWCA, and the Nazareth Senior Center. Community involvement is critical to promote optimal breast health for the women of the Lehigh Valley.

Ordering Mammography

To order and bill for mammography, the facility performing the study must provide information related to the type of study being performed and the diagnosis or chief complaint supporting the study. A screening mammogram is ordered for a patient for whom there is no suspicion of an underlying problem. Its purpose is to screen for an occult malignancy. Screening mammography is covered by Medicare and most insurers annually after age 40, though coverage may be subject to a deductible. The chief complaint for a screening study is "screening mammogram." No V code or additional high risk information is to be submitted by current Medicare guidelines.

Diagnostic mammography is ordered for those patients demonstrating a current breast symptom with an appropriate diagnosis code. The only V code which is acceptable when a diagnostic mammography is performed is V10.3, previous history of breast cancer. Please note that not all insurers consider fibrocystic disease (611.1) to be justification for a diagnostic mammography; in such cases the claim may be rejected by the patient's insurance. Similarly, screening studies performed on patients not meeting the guidelines set by their insurers may not be covered or may be subject to deductibles even when a diagnosis of fibrocystic disease is provided. For Medicare and some other insurers, any code other than a V code is incompatible with a diagnostic study, resulting in a claim rejection.

For this reason, it is advisable to list fibrocystic disease as the chief complaint only when the patient has a current problem. In these cases, a diagnostic mammography is an appropriate study. **It is strongly recommended in such cases that the actual problem (e.g., pain or lump) be listed as the chief complaint to avoid coding problems which can result in claims denial. For those women with a history of fibrocystic disease and no current symptoms, a screening study with a chief complaint of screening mammogram (V76.12) is the more appropriate way to order mammography.**

Medicare now allows the radiologist to perform additional studies at the time of a patient's visit. Physicians may order a mammogram with ultrasound if indicated. For managed care patients, such an order can minimize the inconvenience to the patient and the primary care office of securing additional referrals to cover the ultrasound. Be assured that Breast Health Services will only perform the ultrasound if warranted by the mammographic and/or clinical findings **AND** approved by the referring physician.

For your convenience, Breast Health Services has prepared prescription blanks to facilitate effective ordering of mammograms. Prescription pads have been made available to most physicians who routinely order mammograms. If your office has not received a supply or if you need prescription pads, please call Breast Health Services at 402-0690.

Wound Care Center® at Muhlenberg Hospital Center Offers Monofilament to Physicians

Virtually every primary care physician treats patients with diabetes. It is very likely that at least half of these patients have or will develop diabetic neuropathy. This most common complication of diabetes results in the loss of protective sensation which signals pain and helps patients avoid injuries.

As a result:

- ⇒ 15% of all people with diabetes will develop foot or leg ulcers.
- ⇒ Patients with diabetes have a 15 fold increase in the risk of amputation.
- ⇒ 42% of those amputated will require contralateral limb amputation in one to three years, and 56% in three to five years.

Yet, studies show that a foot inspection is rarely part of the office visit -- as little as 12% of the time.

The American Diabetes Association estimates that diabetic related amputation could be reduced by 50% if patients were routinely tested for neuropathy, educated to prevent injury or complications, and fitted with appropriate footwear as needed.

The Centers for Disease Control has issued a challenge to reduce the incidence of diabetes related amputation by 40% by the year 2000. At the Wound Care Center, everything is being done to reach that goal. The medical team uses the monofilament to test patients with diabetes during every visit to the Center. You are invited to do the same. Together, we can really make a difference.

If you missed receiving a monofilament at our recent Open House, please contact Peg Cowden, Program Director, at 882-2989 to receive your free monofilament.

Lehigh Valley Balance and Vestibular Program

Beginning at the end of January, rehabilitation services of the Lehigh Valley Health Network began providing a new program for fall prevention, balance retraining, and vestibular rehabilitation.

This new program -- the **Lehigh Valley Balance and Vestibular Program** -- will focus on the evaluation of the patient's functional abilities and assessment of positions or movements that provoke the patient's symptoms.

Initially, the Balance Master machine will be used as an integral part of the assessment of the patient. This state-of-the-art system simulates six sensory conditions providing precise measurements of the body's performance. By measuring how much the body sways under different conditions, these tests can help to determine the nature of the balance disorder. Based on these findings, an appropriate therapy program is designed to minimize those symptoms, improve the patient's balance, teach compensatory strategies, and increase functional status to promote the return to normal activities.

The Lehigh Valley Balance and Vestibular Program is designed to treat individuals who are suffering from any of the following symptoms:

- Vertigo
- Dizziness
- Balance Problems
- Frequent Falls
- Fear of Falling
- Light-headedness

This outpatient service will initially be provided at Muhlenberg Rehabilitation Center located at 2545 Schoenersville Road, Bethlehem, through physician referral only. Patients will be treated by physical therapists, with consultation services available from Occupational Therapy, Nutrition, and Pharmacy.

It is the vision of rehabilitation services to provide a wellness program through a community outreach program which will provide fall risk assessments to residents of skilled nursing facilities, personal care facilities, and at health fairs. In addition, rehabilitation services envisions a partnership with the Lehigh Valley community of physicians to provide team management of the balance disorders in the region through a complete balance center.

For more information or if you have any questions regarding this new program, please contact Michael Mueller, PhD, Administrator of Rehabilitation Services, at 861-2247.

The Center for Health Promotion and Disease Prevention Relocates

On January 28, the Helwig Diabetes Center and the LOVAR (Lowering of Vascular Atherosclerotic Risk) Research Office relocated to the fourth floor of Lehigh Valley Hospital, 17th & Chew. In addition, Gregory Salem, Operations and Marketing Manager for the Center for Health Promotion and Disease Prevention (HPDP) will be located here. Other members of the HPDP staff have moved to the new Health Center at Trexlertown, one of many community sites for service delivery.

New telephone numbers include:

Helwig Diabetes Center - (610) 402-4082

LOVAR Research Office - (610) 402-4088

Gregory Salem - (610) 402-4085

The fax number for these offices is (610) 402-4078.

Hours of operation for the Helwig Diabetes Center and LOVAR are 8 a.m. to 5:30 p.m., Monday through Friday. Courtesy valet parking is available for patients weekdays from 6 a.m. to 4:30 p.m. Parking is also available in the Visitor's Lot on the southwest corner of 17th & Chew and in the Fairgrounds Parking Lot. Entrances to both lots are on Chew Street.

New Preprinted Orders for GI Hemorrhage Patients

Beginning December 8, 1998, GI Hemorrhage packets have been available in the high and moderate acuity area of the Emergency Department at Cedar Crest & I-78. The packets contain preprinted orders designed to be used when the patient with a possible GI hemorrhage is going to be admitted as an inpatient. These orders were developed by a multidisciplinary team chaired by Carl F. D'Angelo, MD, Chief, Division of Gastroenterology. The packet also contains admission progress record, procedure request/consent form, consent for transfusion of blood and/or blood products, clinical pathway, and the CareMap®. The packets are located in the file drawer that contains other preprinted orders and clinical pathways in each of the two areas mentioned earlier. The Emergency Department staff will be able to assist admitting physicians to locate these packets.

Art Show & Auction

The Professional Nurse Council of Lehigh Valley Hospital and Health Network is joining forces with the Heisman Fine Arts Gallery, Inc., for "An Evening of Artful Elegance." This fund-raising art auction will be held on Friday, March 26, at Lehigh Valley Hospital and Health Network's new Health Center of Trexlertown.

A preview of 200 custom-framed paintings, watercolors, serigraphs, lithographs, and etchings will start at 6:30 p.m. The auction will begin at 7:30 p.m.

Special highlights will include a "Collectors' Club Corner" featuring nationally and internationally known artists.

Cost of admission is \$15.00 per person which includes refreshments and musical entertainment.

All proceeds from the event will benefit the "Friends of Nursing Program," a philanthropic foundation established to promote excellence in nursing practice, education, and research.

For ticket or additional information, please contact the Professional Development Office at 402-1704.

PLEASE HELP!

Many physicians and other clinical staff are not using the card access doors to enter the Emergency Department from the Emergency Department waiting room. They are simply walking through the patient triage/registration area, many without obvious IDs. This "shortcut" compromises patient confidentiality and interrupts the triage nurse from his/her patient evaluation.

PLEASE, when entering the Emergency Department, use the card access doors and refrain from using the triage/registration rooms as the access point. Thank you.

Personal Protective Equipment Reminder

Federal, state, and JCAHO regulations require that personal protective equipment (i.e., protective shoe coverings/blue booties) be removed before leaving the area of their intended use (operating room, cath lab, etc.). Failure to do so may result in the organization, as well as the individual(s), receiving costly citations for this unsanitary practice.

Congratulations!

Kevin E. Glancy, MD, Division of Trauma-Surgical Critical Care/General Surgery, was recently recertified as a diplomate of the American Board of Emergency Medicine.

Daniel D. Goldfarb, MD, Department of Psychiatry, recently passed a stringent examination in Clinical Psychopharmacology and has been certified as qualified in this field by the American Society of Clinical Psychopharmacology, Inc..

Randy Jaeger, MD, Division of Orthopedic Surgery, was recently notified that he has become a Fellow of the American College of Surgeons.

James G. McHugh, MD, Department of Emergency Medicine, was recently elected to Fellowship in the American College of Physicians.

Jennifer E. Trottman, MD, Division of Hematology/Medical Oncology, has been appointed Acting Medical Director for the Allentown Office of Lehigh Valley Hospice. Dr. Trottman will be working with the Hospice team to provide medical leadership for the team, provide attending coverage with other physicians for patients who need attending service on the Hospice inpatient unit, and develop new initiatives in Hospice which will enhance the continuity and care management of Hospice patients.

Papers, Publications and Presentations

"Linac Radiosurgery for Trigeminal Neuralgia," a paper co-authored by **George I. Chovanes, MD**, Division of Neurological Surgery, Section of Neuro Trauma; **Clinton H. Leinweber, DO**, Department of Radiation Oncology; and **Shih Min Lo, PhD**, Radiation Physicist, was presented by Dr. Chovanes at the Fifth Annual Linac Radiosurgery meeting held on December 10 in Lake Buena Vista, Fla. This work represented the first published results utilizing linac-based radiosurgery for treating this chronic disorder. The meeting was attended by over 300 neurosurgeons, radiation oncologists, and physicists from the United States and Europe.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was an invited speaker at the Annual Meeting of the Association of Colon and Rectal Surgeons of India combined with the Association of Surgeons of India in Ahmedabad, India, on January 2. He gave a Guest Oration on the "Surgical Options in the Management of Inflammatory Bowel Disease." He also chaired a panel on "Management of Advanced Cancer of the Rectum."

Dr. Khubchandani then traveled to Hong Kong where he was invited to participate in a one-day scientific symposium to inaugurate the Department of Colon and Rectal Surgery at the University of Hong Kong. His chosen subject for delivery there was "Colon and Rectal Surgery in Academia."

Vincent R. Lucente, MD, Vice Chairperson, Department of Obstetrics and Gynecology, was one of the co-authors of an article, "Site-Specific Fascial Defects in the Diagnosis and Surgical Management of Enterocoele," which was published in Volume 179, Number 6, Part 1, of the *American Journal of Obstetrics and Gynecology*.

For Your Calendar

There will be a general membership meeting of the Greater Lehigh Valley Independent Practice Association, Inc., on Tuesday, March 23, at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Physicians attending this meeting will receive credit toward the Incentive Plan.

LOVAR (Lowering of Vascular Atherosclerotic Risk) Study Kick-Off will be held at Medical Grand Rounds on Tuesday, March 9, beginning at Noon, in the hospital's Auditorium at Cedar Crest & I-78.

The program, which will be presented by **John E. Castaldo, MD**, Principal Investigator, will include a comprehensive atherosclerosis outcomes based research initiative offered by Lehigh Valley Hospital's Center for Health Promotion and Disease Prevention.

Upcoming Seminars, Conferences and Meetings

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds will be held on Thursday, February 4, beginning at 9 a.m., in Classroom 1 at Lehigh Valley Hospital, Cedar Crest & I-78.

Topics will include:

- ◇ Pediatric EKG - **William F. Bond, MD**, Department of Emergency Medicine
- ◇ Tricyclic Overdose, etc. - **Perry Fooskas, MD**, Department of Emergency Medicine
- ◇ Diabetic Emergencies - **Larry N. Merkle, MD**, Chief, Division of Endocrinology/Metabolism

For more information, please contact **Judy Szep** in the Department of Emergency Medicine at 402-7168.

Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at noon in the hospital's Auditorium at Cedar Crest & I-78.

Topics to be discussed in February include:

- ◇ February 2 - New Disease Modifying Agents in Rheumatoid Arthritis
- ◇ February 9 - The Survivorship Movement: Defining the Medical, Social & Political Parameters of Quality Cancer Care
- ◇ February 16 - Evidence Based Medicine
- ◇ February 23 - Insults to the Vessel Wall: Redefining Therapy for Cardiovascular Disease

For more information, please contact **Evalene Patten** in the Department of Medicine at 402-1649.

Who's New

Medical Staff

Appointments

Janice H. Axelrod, MD

(Solo)

636 Benner Road

Allentown, PA 18104

(610) 398-8858

Department of Obstetrics and Gynecology

Division of Gynecology

Section of Gynecologic Oncology

Provisional Affiliate

Site of Privileges - LVH & MHC

Wanda J. Janik, DMD

(Marsha A. Gordon, DDS)

1050 S. Cedar Crest Blvd.

Suite 104

Allentown, PA 18103-5454

(610) 433-5111

Fax: (610) 433-4393

Department of Dentistry

Division of Pediatric Dentistry

Provisional Active

Site of Privileges - LVH & MHC

Maria Lynn Jones, MD

(Robert M. Taxin, DO)

7619 Tilghman Street

Box 487

Fogelsville, PA 18051-0487

(610) 395-1936

Fax: (610) 395-7263

Department of Medicine

Division of General Internal Medicine

Provisional Active

Site of Privileges - LVH & MHC

Zafar M. Magsi, MD

Northern Valley Primary Care

2014 Laubach Avenue

Northampton, PA 18067-1770

(610) 261-0999

Fax: (610) 261-2187

Department of Medicine

Division of General Internal Medicine

Provisional Active

Site of Privileges - LVH & MHC

Change of Status

Tamar D. Earnest, MD

Department of Surgery

Division of General Surgery/Trauma-Surgical Critical Care

From: Active/LOA

To: Affiliate

Kenneth M. McDonald, MD

Department of Surgery

Division of Vascular Surgery

From: Active/LOA

To: Honorary

Leo W. Todd, Jr., DO

Department of Family Practice

From: Provisional Active

To: Affiliate

Change of Address

Trexlerstown Medical Center

David G. Glueck, MD

J. Stephen Long, MD

Sophia J. Michailidis, DO

Stephen J. Motsay, MD

Brian D. Wilson, MD

6900 Hamilton Blvd.

P.O. Box 127

Trexlerstown, PA 18087-0127

(610) 402-0101

Fax: (610) 402-0102

Eric D. Becker, MD

1685 Valley Center Parkway

Bethlehem, PA 18017

(610) 882-2050

Fax: (610) 882-3633

Sarah J. Fernsler, MD

(No longer in practice with LVPG)

501 N. 17th Street

Suite 212

Allentown, PA 18104-5687

(610) 776-0900

Abel A. Gonzalez, MD

1685 Valley Center Parkway

Bethlehem, PA 18017

(610) 882-2050

Fax: (610) 882-3633

Nora A. Suggs, MD
322 S. 17th Street
Allentown, PA 18104-6708
(610) 439-4108
Fax: (610) 435-4821

Practice/Address Change

Robert B. Kevitch, MD
(No longer in practice with Plastic Surgeons Professional Group)
(New practice - John A. Altobelli, MD, FACS, PC)
1600 Lehigh Parkway East
Allentown, PA 18103-3093
(610) 437-2378
Fax: (610) 820-9983

Michael C. Sinclair, MD
(No longer in practice with Panebianco-Yip Heart Surgeons)
(New practice - Yeisley & Sinclair Cardiothoracic Surgery, LLC)
1240 S. Cedar Crest Blvd.
Suite 305
Allentown, PA 18103-6218
(610) 437-1430
Fax: (610) 437-1782

Two-Year Leave of Absence

Karen M. Matz, MD
(College Heights OBGYN Associates, PC)
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From: Active
To: Active/LOA
(1/1/99 to 12/31/2000)

Resignations

Attila G. Devenyi, MD
(Milton S. Hershey Medical Center)
Department of Pediatrics
Division of General Pediatrics

Douglas G. Field, MD
(Milton S. Hershey Medical Center)
Department of Pediatrics
Division of Gastroenterology

Peter H. Goldman, MD
(Peter H. Goldman, MD - Family Practice)
Department of Family Practice

Michael J. Lambo, MD
(Allentown Radiation Oncology Associates)
Department of Radiation Oncology

Gene W. Miller, DO
(OB-GYN Care, Inc.)
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

Chandrakant C. Shah, MD
(Mertztown Community Medical Center)
Department of Medicine
Division of General Internal Medicine

John S. Stevens, Jr., DO
(OB-GYN Care, Inc.)
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

Steven J. Wassner, MD
(Milton S. Hershey Medical Center)
Department of Pediatrics
Division of Nephrology

Deaths

Edgardo S. Cruz, MD
(Allentown Anesthesia Associates, Inc.)
Department of Anesthesiology
11/6/98

Robert E. Lentz, MD
Department of Family Practice
Honorary
10/19/98

Allied Health Professionals

Appointments

Christopher T. Bishop, CST
Physician Extender
Technical - Surgical Technician
(Valley Sports & Arthritis Surgeons - Neal A. Stansbury, MD)

Carol E. Bouchard, CST
Physician Extender
Technical - Surgical Technician
(Lehigh Valley Ophthalmic Associates - Alan D. Listhaus, MD)

Molly J. Breslin, GRNA

Physician Extender

Professional - GRNA

(Allentown Anesthesia Associates, Inc. - Alphonse A. Maffeo, MD)

Michael T. Butler, PA-C

Physician Extender

Physician Assistant - PA-C

(Yeisley & Sinclair Cardiothoracic Surgery, LLC - Geary L. Yeisley, MD)

Amber J. Herring

Physician Extender

Technical - Dental Assistant

(Marsha A. Gordon, DDS - Marsha A. Gordon, DDS)

Kenneth P. Rachwal, PA-C

Physician Extender

Physician Assistant - PA-C

(Coordinated Health Systems - Carl B. Weiss, Jr., MD)

John F. Schell, CRNA

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc. - Alphonse A. Maffeo, MD)

Change of Supervising Physician**Sherri S. Delgado, CRNP**

Physician Extender

Professional - CRNP

From: John J. Cassel, MD

To: Michael D. Pasquale, MD - LVPG-Trauma Surgery

Catherine E. Donati, CRNP

Physician Extender

Professional - CRNP

From: Gregory R. Harper, MD - Oncology Specialists of Lehigh Valley

To: Clifford H. Lyons, MD - Hamburg Family Practice Center

Patricia L. Donley, RN

Physician Extender

Professional - RN

(ABC Family Pediatricians)

From: Pasquale J. Fugazzotto, MD

To: Scott M. Brenner, MD

Additional Supervising Physician**Edwin M. Straub**

Physician Extender

Technical - Surgical Technician

(Orthopaedic Associates of Allentown - Peter A. Keblish, Jr., MD)

Additional Supervising Physician - Neal A. Stansbury, MD - Valley Sports & Arthritis Surgeons

Change of Status**Neil B. Laudenslager, PA**

Physician Extender

(Orthopaedic Associates of Allentown - James C. Weis, MD)

From: Physician Assistant

To: Surgical Technician

Resignations**Charles P. Farley, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc.)

Dennis C. Frederick, PA-C

Physician Extender

Physician Assistant - PA-C

(Orthopaedic Associates of Allentown)

Deborah Logan, CNM

Physician Extender

Professional - Certified Nurse Midwife

(M. Bruce Viechnicki, MD & Associates, PC)

Todd B. Manley

Physician Extender

Technical - Anesthesia Tech Assistant

(Allentown Anesthesia Associates Inc.)

James J. Prudente, CRNA

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc.)

THERAPEUTICS AT A GLANCE

The following actions were taken at the December, 1998 Therapeutics Committee Meeting - Rebecca Hockman, Pharm.D., BCPS, Christopher Moore, R.Ph., Joseph Ottinger, R.Ph., MS, MBA

DACLIZUMAB COMES TO LVH FORMULARY

Daclizumab (Zenapax® by Roche Pharmaceuticals) is a humanized IgG1 monoclonal antibody indicated for use with cyclosporine and corticosteroids to prophylax against acute organ rejection in renal transplant recipients. Daclizumab acts as an interleukin-2 (IL-2) receptor antagonist by binding to the Tac subunit (α chain) of the high affinity IL-2 receptor. This receptor is found on the majority of activated T cells and is necessary to maintain the T cell activation. Daclizumab offers a different therapeutic option for induction therapy in renal transplantation, replacing the use of Orthoclone OKT3® (OKT3, Muromonab-CD3) in some patients.

OKT3, a murine monoclonal antibody, inhibits CD3 on human T cells, which is partly responsible for antigen recognition in T cells. OKT3 successfully inhibits the majority of T cell functions. OKT3 is used as prophylaxis against acute organ rejection in renal transplant recipients, and is used in the treatment of organ rejection. Important downfalls with OKT3 include the following: 1) the production of antibodies following drug administration and 2) the potential for the adverse effects of cytokine release syndrome (CRS).

Antibody production to OKT3 may result in decreased efficacy if OKT3 is used in subsequent rejection episodes. The CRS may include adverse effects ranging from fever and chills to life threatening events such as pulmonary edema, cardiovascular collapse, seizures, and coma.

Daclizumab offers two therapeutic advantages compared to OKT3. First, it is a different agent to use to prevent acute rejection at renal transplantation, and may allow OKT3 use to be preserved for the treatment of acute rejection. Secondly, there are no reports of CRS to date. Disadvantages include its lack of utility in the treatment of acute rejection, the lack of comparative data with OKT3, and cost (see below).

Criteria for patient selection for daclizumab use have been discussed by the Renal Transplant Review Board, and approved by the Therapeutics Committee with the formulary addition of the agent. The LVH renal transplant patients in whom daclizumab will be used include the following:

- 1) Patients undergoing a repeat renal transplant, having previously received OKT3
- 2) Patients at high risk for CRS (i.e. elderly, cardiovascular dysfunction, diabetes, and CNS abnormalities)

LVH COST

| <u>Drug</u> | <u>LVH Cost/ Unit</u> | <u>LVH Cost/ 75 kg</u> | <u>LVH Cost/ Course of Therapy</u> |
|-------------|-----------------------|------------------------|------------------------------------|
| Daclizumab | \$347.11/ 25 mg | \$1041.33 | \$5206.65/ 5 doses |
| OKT3® | \$600.00/ 5 mg | \$600.00 | \$6000.00/ 10 doses |
| OKT3® | \$240.00/ 2 mg | \$240.00 | \$2400.00/ 10 doses |

RELAX AND CONSIDER THE ALTERNATIVES - TIZANIDINE

Tizanidine (Zanaflex), a clonidine derivative, is a centrally acting skeletal muscle relaxant with α_2 -adrenergic activity. It increases presynaptic inhibition and decreases alpha motoneuron excitability. Its main action is at an unidentified supraspinal site where it depresses activity of descending coeruleospinal effects in the brain stem and impairs release of excitatory amino acids from spinal interneurons.

Tizanidine is indicated for the acute and intermittent management of increased muscle tone associated with spasticity. The reduction in muscle tone that occurs with tizanidine has its peak effect 1 to 2 hours after dosing and the effect dissipates between 3 to 6 hours. Use should be individualized to correspond to activities and times when relief of spasticity is most important and titrated to avoid intolerance. It has primarily been evaluated in spasticity associated with multiple sclerosis and spinal cord injury. Tizanidine may also be effective in the treatment of spasticity associated with chronic myelopathy, syringomyelia and hemiplegia; muscle spasm associated with acute low-back pain; stiff-man syndrome; neuropathic pain states; chronic tension-type headaches; and may play a role in the management of morphine and heroin dependence.

Following oral administration tizanidine is completely absorbed; however, oral bioavailability is only approximately 40% due to extensive first-pass metabolism. Food increases the peak concentration by approximately one-third and shortens the time to peak by approximately 40 minutes;

however, the extent of absorption is not affected. Plasma protein binding is low (30%). The elimination half-life of tizanidine is approximately 2.5 hours. Approximately 95% of the administered dose is metabolized. Urinary excretion of unchanged drug within 24 to 72 hours is 0.4% to 2.7% of the administered dose.

The most common adverse reactions include drowsiness and dry mouth. Other reactions include dizziness, fatigue, flushing, depression, urinary incontinence, urine retention, dysarthria, muscle weakness, sleep disorders, bradycardia, hypotension and gastrointestinal disturbances. Tolerance to the sedation or other adverse effects does not appear to occur. Sedation is sometimes severe and can interfere with daily activities. It appears to be dose related. Dose-related retinal degeneration and corneal opacities were observed in animal studies with tizanidine. Such effects have not been observed in clinical trials. In clinical trials, approximately 5% of patients treated had elevations of liver function tests to greater than 3 times the upper limit of normal. Monitoring of aminotransferase levels is recommended during the first 6 months of therapy and periodically thereafter.

Hypotension may occur when tizanidine is used in combination with antihypertensive medications. Alcohol increased the AUC of tizanidine by approximately 20% and increased its peak concentration by approximately 15%. This was associated with an increase in side effects with tizanidine. In addition, the CNS depressant effects of alcohol and tizanidine are additive. Sedation is also likely to be additive when tizanidine is used in combination with other CNS depressants. Clearance of tizanidine was reduced 50%

in women taking oral contraceptives. Tizanidine should be used with caution in this population and initial tizanidine doses should be reduced.

Effects are dose related; therefore, treatment should begin with a single oral dose of 4mg and the dose should be increased in 2 to 4mg increments as needed. The dose can be repeated at 6 to 8-hour intervals, although the manufacturer recommends a maximum of three doses in 24 hours. The total daily dose should not exceed 36mg. Lower initial doses are recommended in patients with renal insufficiency and in women on oral contraceptives. Baclofen (Lioresal) is currently the only similar agent available. It is expected that Tizanidine will be utilized in those patients unable to tolerate baclofen. The cost of Zanaflex is substantially more than generic baclofen (AWP \$1.05 per 4mg tablet vs. @ \$0.10 for 10mg of baclofen).

AUGMENTIN® AUTO-SUBSTITUTION POLICY CHANGE

The Therapeutics Committee, December meeting, approved the discontinuation of the automatic substitution policy for Augmentin® 875 mg (amoxicillin 875 mg/clavulanic acid 125 mg/tab) po Q12H to Augmentin® 500mg (amoxicillin 500 mg/clavulanic acid 125 mg/tab) po Q8H. The daily dose of clavulanic acid is reduced with the Augmentin® 875 mg Q12H regimen. The reduction in clavulanic acid has the potential for decreased GI side effects. The LVH cost of each regimen is similar with Augmentin® 500 mg po Q8H at \$7.08/day and Augmentin® 875 mg po Q12H at \$7.06/day. Effective immediately, medication orders for Augmentin® 875 mg or Augmentin® 500 mg will be dispensed as written, without the occurrence of a

therapeutic substitution.

NATIONAL PRODUCT SHORTAGES

In addition to the well known shortages of albumin and IV immune globulin, several other products have recently joined this growing list with no discernible end in sight.

Schein Labs, the primary manufacturer of generic metoprolol (Lopressor®) injection, has discontinued its manufacturing operations related to this product. This company had been the largest supplier of all metoprolol injection in the USA and its absence has not been offset by any other vender to date. Novartis, the manufacturer of Lopressor injection, has not been able to "ramp-up" production to date, and because of declining market share, its depot supplies have not been sufficient to satisfy demand. Therefore, periodic shortages of this agent are expected to continue for the next several months. Alternatives include use of the oral product, injectable propranolol, or in selected cases, the use of atenolol injection. Currently, atenolol (Tenormin®) injection only has indications for a one time dose followed by immediate conversion to oral atenolol.

Phenobarbital injection is also not available for an indeterminate time due to a scarcity of raw materials. Oral products are not affected at the current time. A recommendation for alternative agents would be contingent on the type of seizures that are being treated.

Urokinase (Abbokinase) shortages are the result of an FDA concern related to aspects of the manufacturing process utilized for this product. The company (Abbott) has been unable to release any of the 12 lots of product that were prepared. Abbott and the

FDA are working closely to resolve this issue as quickly as possible, but this activity has been ongoing since November 27, 1998. A company spokesperson indicated that a resolution date was "difficult to predict". An allocation system had been established, but was quickly overwhelmed. The Pharmacy has not received any shipments since early-December and our supplies at this writing are negligible.

The Department of Pharmacy continues to make every effort to secure all of the above agents as they become available and is in constant contact with the various suppliers involved.

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

Announcement:

Health Library and Learning Center (HLLC) at Trexlertown Health Mall will be opening this month.

HLLC is a state-of-the-art health information library with health care professionals on staff ready to help with any health questions. Patient learning will be tailored to meet diverse needs and styles through a multi-media approach. Information on a variety of health topics will be available through computer access, videos, books, brochures, individualized self-care information, classes, support groups, and seminars.

For more information about the HLLC or for a tour, please contact Deb Swavely, LVH/N Patient Education Specialist at 402-8478 or HLLC at 402-0180.

Symposium Announcement:

Sixth Annual Update on Heart and Lung Surgery will be held on Saturday, April 10, 1999 in the LVH Cedar Crest Auditorium.

Agenda:

- 7:30 a.m. Registration and Continental Breakfast
- 8:00 a.m. Opening Remarks & Special Presentation
- 8:15 a.m. Thoracoscopic Minimally Invasive Lobectomy
- 8:50 a.m. Heartport Minimally Invasive Coronary Artery Bypass Grafting

- 9:25 a.m. Off-Pump Sternotomy and Minimally Invasive Beating Heart Coronary Artery Bypass Grafting
- 10:00 a.m. Panel Discussion on Minimally Invasive Heart and Lung Surgery
- 10:15 a.m. Break and Exhibits
- 10:30 a.m. Update on Ventricular Assist Devices and the Artificial Heart
- 11:05 a.m. Discussion
- 11:10 a.m. Stentless Aortic Valves
- 11:45 a.m. Discussion
- 11:50 a.m. Summary and Closing Remarks
- 12:00 p.m. Adjournment, Buffet Luncheon, Exhibits

Faculty includes:

Robert S. Boova, MD Chief, Division of Cardiothoracic Surgery Bryn Mawr Hospital & Systems Chief, Cardiac Surgery Jefferson Main Line Hospital System

G. Michael Deeb, MD, Professor of Surgery, Director of Adult Cardiac Surgery, University of Michigan Health Systems

James D. Fonger, MD, Director of Cardiac Surgery, Washington Adventist Hospital

Ralph J. Lewis, MD, Clinical Professor of Surgery, Chief, Thoracic and Cardiovascular Surgery, St. Peter's Medical Center-Robert Wood Johnson University Hospital University of Medicine and Dentistry of New Jersey

Medical Staff Progress Notes

D. Lynn Morris, MD, Associate
Professor of Clinical Medicine
Penn State University College of
Medicine & Chief, Division of
Cardiology, LVH

Raymond L. Singer, MD, Clinical
Assistant Professor of Surgery
Penn State University College of
Medicine & Associate Chief, Division of
Cardiothoracic Surgery, LVH.

For more information or to register,
please contact Bonnie Schoeneberger via
Email or phone at (610) 402-1210.

Continuing Education:

See the following calendar for all grand
rounds and tumor boards.

News from the Library:

The Library is accepting 1998 "PDRs"
for redistribution. When you receive
your 1999 "PDR," please keep the
Library in mind. We have a list of
departments that use "PDRs"
infrequently and, therefore, do not need
to purchase a new one.

OVID/PubMed TRAINING.

To schedule a one-on-one OVID
(MEDLINE) training session, call
Barbara Iobst in the Health Sciences
Library at 402-8408 between 8:30 a.m.-
5:00 p.m., Monday-Friday. Barbara can
also instruct you in the use of PubMed, a
free, Web-based MEDLINE service
offered by the National Library of
Medicine (NLM). MEDLINE can be
searched directly using PubMed.

New Books - Cedar Crest & I-78.

"The Heart: Physiology, From Cell to
Circulation," 3rd edition.

Author: L. Opie WG 202 O61h

(Reviewed in the Dec. 24th issue of "The
New England Journal of Medicine")

"Improving Patient Satisfaction Now:
How to Earn Patient and Payer Loyalty"
Author: A. Nelson, et al. W 85 I34 1997

"Principles and Practice of Surgery for
the Colon, Rectum, and Anus," 2nd ed
Author: P. Gordon, WI520 G664p 1999

New Books - 17th & Chew.

"Seminars in Perinatology" Topic:

"Endocrine Disorders in Pregnancy"

Guest Editor: P. Garner Vol. 22, No. 6

"Psychiatric Clinics of North America"

Topic: "Diagnostic Dilemmas, Part II"

Guest Editor: David Tomb Vol. 21, No.4

"Loss During Pregnancy or in the
Newborn Period: Principles of Care with
Clinical Cases and Analyses" Author: J.
Woods, et al. WQ 225 W895d 1997.

**News from the Office of
Educational Technology:****Internet Workshop:**

Internet workshops focusing on how to
use the internet to search and access job
related information will be held in
JDMCC Suite 401 on:

February 9 - 9:30 am - 12 Noon

February 12 - 9:30 am - 12 Noon

February 17 - 1:00 pm - 3:30 pm.

To register E-mail Chris Sarley or phone
at 402-1641.

*Any questions, concerns or comments on articles from
CEDS, please contact Sallie Urffer 402-1403*

Medical Staff Progress Notes
Grand Round and
Tumor Board Schedule

1999

February

1999

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|---|--|---|---|---|----------|
| | 12 Noon C/R Tumor Board - JDMCC - CR1 A/B | 1 7 am Surgical Grand Rounds - CC-Aud - Surgical Critical Care 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud - New Disease Modifying Agents in Rheumatoid Arthritis | 2 | 3 12 Noon Combined Tumor Board - JDMCC - CR1 A/B | 4 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B | 5 6 |
| 7 | 8 7am Ambulatory Clin Guideline Dev - SON 7 am Surgical Grand Rounds - CC-Aud - C/R Resident 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud | 9 12 Noon Pulm Tumor Board - JDMCC - CR1 A/B | 10 | 11 12 Noon G.I. Tumor Board - JDMCC- CR1 A/B | 12 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B | 13 |
| 14 | 15 12 Noon C/R Tumor Board - JDMCC - CR1 A/B | 16 7 am Surgical Grand Rounds - CC-Aud - Oral Surgery 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud - Evidence Based Medicine | 17 | 18 12 Noon Combined Tumor Board - JDMCC - CR1 A/B | 19 7am OBGYN Grand Rounds -17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B | 20 |
| 21 | 22 7 am Surgical Grand Rounds - CC-Aud - Plastic Surgery 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud - Insults to Vessel Wall: Redefining Therapy for CV Disease 12 Noon Urology Tumor Board - JDMCC - CR1 A/B | 23 | 24 12 Noon Cancer Comm. - JDMCC- CR1 A/B | 25 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B | 26 | 27 |
| 28 | | | | | | |

Any questions, concerns or comments on articles from CEDS, please contact Sallie Urffer 402-1403

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Medical Staff Progress Notes is published monthly to inform the Medical Staffs of Lehigh Valley Hospital and Muhlenberg Hospital Center and employees of important issues concerning the Medical Staffs.

Articles should be submitted to Janet M. Seifert, Physician Relations, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-8590.